

MDR Tracking Number: M2-03-1441-01  
IRO Certification# 5259

July 24, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

#### CLINICAL HISTORY

This is a gentleman who sustained a lumbar injury in \_\_\_\_\_. In January of this year he presented to \_\_\_\_\_ who suggested and completed a multiple level lumbar surgery. The wound healed and rehabilitation began. There was some usage of the requested device; however, there was no clinical indication of the efficacy of this device reported by the primary treating physician.

#### REQUESTED SERVICE (S)

Purchase of a RS4i stimulator

#### DECISION

Uphold denial.

#### RATIONALE/BASIS FOR DECISION

The efficacy of this type of device in the long-term patient has been studied repeatedly. In the Philadelphia Study, this was no more effective than placebo. As noted by Herman (Spine 1994 Mar 1; 19(5): 561) this adds no apparent benefit. Lastly as described by Deyo (NEJM 1990 Jun (23): 127-34) TENS no more effective than placebo. The literature of blinded peer-reviewed studies does not support the efficacy of this device.

This device does not improve the situation, there is no identification of a decrease in medication use and the functionality of the claimant was not reported out. The pathology is in the disc; the current talked about does not reach the level of the pathology. Lastly, the progress noted of the primary physician indicate a well healed wound and the surgical intent was reached. There is no discussion in the progress notes of the use of this device only the boilerplate vendor distributed document. The primary treating physician offers no clinical indication for the use of this device.

### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 25<sup>th</sup> day of July 2003.